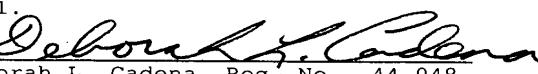


AMENDMENT TRANSMITTAL LETTER				DOCKET NUMBER: P-PM 3474	
SERIAL NO: 09/288,344	FILING DATE: April 8, 1999	EXAMINER: L. Crane		GROUP ART UNIT: 1623	
INVENTION: METHODS OF OPTIMIZING DRUG THERAPEUTIC EFFICACY FOR TREATMENT OF IMMUNE-MEDIATED GASTROINTESTINAL DISORDERS					

TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on July 2, 2001.

By:   
Deborah L. Cadena, Reg. No. 44,048

July 2, 2001  
Date of Signature

Transmitted herewith is a Response to Office Action, responsive to the Office Action mailed January 2, 2001, in connection with the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- Appendix A, attached to the Response to Office Action, is enclosed.
- Declaration Pursuant to 37 C.F.R. § 1.132 with Exhibit A, attached as Exhibit 1 to the Response to Office Action, is enclosed.
- Reference by Belaiche et al., Scand. J.Gastroenterol. 36:71-76 (2001), attached as Exhibit 2 to the Response to Office Action, is enclosed.
- An Information Disclosure Statement with PTO Form 1449 and one reference is enclosed.
- Petition for Three-Month Extension of Time is enclosed (in duplicate).
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	57	-	39	-	18	x \$9	\$18	= \$162.00 \$
INDEPEN- DENT CLAIMS	8	-	6	-	2	x \$40	\$80	= \$80.00 \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES		X NO		\$135	\$270	= \$0.00 \$
					TOTAL ADDITIONAL FEE		\$242.00	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

Inventors: Seidman and Théorêt  
Serial No.: 09/288,344  
Filed: April 8, 1999  
Page 2 of 2

- \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- Please charge my Deposit Account No. 03-0370 the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- X A check in the amount of \$687.00 is enclosed, \$445.00 of which covers the fee for a three-month extension of time and \$242.00 which covers the additional claims fee.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
  - X Any additional filing fees required under 37 C.F.R. 1.16.
  - X Any patent application processing fees under 37 C.F.R. 1.17.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: July 2, 2001



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**USPTO CUSTOMER NO. 23601**